

# Foster Family Home - Corrective Action Report

Provider ID: 1-558984

Home Name: Tomasa Tapat, CNA

1704 Kino Street

Honolulu

HI 96819

Review ID: 1-558984-7

Reviewer: David Ayling

Begin Date: 1/10/2020

## Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 2/6/20.

## Foster Family Home Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and eCrim for HHM #1. Expired on 12/21/19. No Current APS/CAN for CG #3 and CG #5. Expired on 12/21/19.

## Foster Family Home Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7), 41.(b)(8) - All CG's and HHM's need a current TB clearance. Expired in 2018.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1, CG #2, and CG #3. Expired on 1/18/19.

41.(c) - No In-service training for CG #1, CG #2, and CG #3 during 2019.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Tomasa Tapat**

CCFFH Address: **1704 Kino St., Honolulu, HI 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2) 41.(b)(7)(8)	I got current APS/CAN, eCrim, TB clearances and Blood borne pathogen for all caregivers and household members.	3/2/20	I put all of there expiration dates for all of my caregivers and household members on my new computer calendar. It will remind me 1 month before the expiration.
41.(c)	I have scheduled in-service classes for all caregivers to take the 12 hours and 8 hours for 2020.	2/28/2020	I put the class dates on my computer calendar also.

Primary Caregiver's Signature: *Tomasa Tapat*

Print Name: **Tomasa Tapat**

Date of Signature: **03/02/20**